Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Richard First name D. Middle name Territo Last name and Suffix (Sr., Jr., II, III)	Cheryl First name J. Middle name Territo Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9202	xxx-xx-5347

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	473 Clubhouse Drive	If Debtor 2 lives at a different address:		
		Middletown, NJ 07748			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Monmouth County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		PO Box 4154 Middletown, NJ 07748			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

	otor 1 otor 2	Richard D. Territo Cheryl J. Territo					Case numbe	er (if known)		
Par	t 2:	Tell the Court About								
7.		chapter of the cruptcy Code you are								
	choc	sing to file under	☐ Chapter	7						
			☐ Chapter	11						
			☐ Chapter	12						
			■ Chapter	13						
8.	How	you will pay the fee	about order	how you	ou may pay. Typically, if yo	ou are paying the	fee yourself, you m	erk's office in your local country pay with cash, cashier' mey may pay with a credit	s check, or money	
					y the fee in installments. ee in Installments (Official		s option, sign and	attach the Application for In	ndividuals to Pay	
			☐ I request but is applied	est the not rec	at my fee be waived (You quired to, waive your fee, a our family size and you are	may request this nd may do so onl unable to pay the	ly if your income is e fee in installments	are filing for Chapter 7. By less than 150% of the offic s). If you choose this option BB) and file it with your peti	cial poverty line than, you must fill out	
	Цом	you filed for					. (0	,		
9.	bank	ruptcy within the	■ No.							
	last 8	8 years?	☐ Yes.			\//h = =		Cana ayyahan		
				District District		When When				
				District		When		Case number		
10.		any bankruptcy s pending or being	■ No							
	filed not f you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.							
			1	Debtor				Relationship to you		
			I	District		When		Case number, if known		
				Debtor				Relationship to you		
				District		When		Case number, if known		
11.		ou rent your	■ No.	Go to	line 12.					
	resid	lence?	☐ Yes.	Has y	our landlord obtained an e	viction judgment a	against you and do	you want to stay in your re	esidence?	
					No. Go to line 12.					

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Richard D. Territo Debtor 2 Cheryl J. Territo Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if known) Debtor 2 Cheryl J. Territo Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts I am not filing under Chapter 7. Go to line 18. 17. Are you filing under No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Richard D. Territo /s/ Cheryl J. Territo

Cheryl J. Territo

Signature of Debtor 2

Executed on May 15, 2017

MM / DD / YYYY

Richard D. Territo

Signature of Debtor 1

Executed on May 15, 2017

MM / DD / YYYY

Case num	ber (if known)
----------	----------------

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Warren	Brumel, Esq.	Date	May 15, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
Warren Br	umel, Esq.		
Printed name	•		
Warren Br	umel		
Firm name			
65 Main St	reet		
PO Box 18	31		
Keyport, N	IJ 07735		
Number, Street,	City, State & ZIP Code		
Contact phone	732-264-3400	Email address	wbrumel@keyportlaw.com
WB3626			
Bar number & St	tate		

				5/17/17 5:27F
Fill in this infor	mation to identify your	case:		
Debtor 1	Richard D. Territo	1		
	First Name	Middle Name	Last Name	
Debtor 2	Cheryl J. Territo			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JER	SEY	
Case number				
(if known)				Check if this is an amended filing
Official Fo	rm 106Sum			
Summary of	of Your Assets a	and Liabilities and	d Certain Statistical Information	on 12/15
information. Fill	out all of your schedule	es first; then complete the	are filing together, both are equally responsi e information on this form. If you are filing an the box at the top of this page.	

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 75,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 9,907.28 1c. Copy line 63, Total of all property on Schedule A/B..... 84,907.28 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 73,603.78 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 36,729.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6i of Schedule E/F..... 212,742.56 Your total liabilities \$ 323,075.34 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,067.60 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 4.577.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,562.84

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	36,729.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	93,142.17
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	129,871.17

							5/17/17 5:27P
Fill in this inform	nation to identify y	our case and th	is filinç	:			
Debtor 1	Richard D. Te	errito					
	First Name	Middle	Name	Last Name			
Debtor 2	Cheryl J. Terr		Name	Last Name			
(Spouse, if filing)							
United States Bar	nkruptcy Court for t	he: DISTRICT	OF NEV	V JERSEY			
Case number _							Check if this is an
							amended filing
Official For	rm 106A/B						
Schedule	e A/B: Pr	opertv					12/15
			an asset	only once. If an asset fits in more than one	category, list th	ne asset in th	e category where you
				married people are filing together, both are his form. On the top of any additional pages,			
Answer every quest		.tacii a separate si	ieet to ti	iis form. On the top of any additional pages,	, write your main	ie aliu case i	idilibei (ii kilowii).
Part 1: Describe E	Fach Residence, Bui	ilding, Land, or Otl	her Real	Estate You Own or Have an Interest In			
	•						
l. Do you own or ha	ave any legal or equ	itable interest in a	ny resid	ence, building, land, or similar property?			
☐ No. Go to Part	2.						
Yes. Where is	the property?						
1.1			What	is the property? Check all that apply			
	Champlain Drive			Single-family home			ns or exemptions. Put
Street address, if	f available, or other descr	ription		Duplex or multi-unit building		claims on Schedule D: Secured by Property.	
				Condominium or cooperative	Ordanoro Wile	Travo Oranno	Coodina by Tropolty.
			П	Manufactured or mobile home			
Little Egg	Harbor NJ	08087-0000		Land	Current value entire propert		Current value of the portion you own?
City	State	ZIP Code		Investment property		000.00	\$75,000.00
				Timeshare	Describe the	nature of you	ır ownership interest
				Other	(such as fee s	simple, tenan	cy by the entireties, or
				has an interest in the property? Check one	a life estate),		s by ontiroty
Ocean				Debtor 1 only	iee simple	as terraint	s by entirety
County				Debtor 2 only Debtor 1 and Debtor 2 only			
County			_	At least one of the debtors and another	Check if (see instruc		unity property
				r information you wish to add about this iten	`	,	
				erty identification number:	,		
2. Add the dolla	ar value of the por	tion you own for	r all of	your entries from Part 1, including any	entries for		\$75,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debto Debto		Richard D. 7 Cheryl J. Te			Case number (if known)	
3. Ca	rs, van	ıs, trucks, trac	tors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make:		h	Who has an interest in the property? Check one	the amount of any	cured claims or exemptions. Put v secured claims on Schedule D:
	Model	Neon 2001		Debtor 1 only	Creditors Who Ha	ave Claims Secured by Property.
	Year:	ximate mileage:	120k+	■ Debtor 2 only □ Debtor 1 and Debtor 2 only	Current value of entire property?	the Current value of the portion you own?
		information:		☐ At least one of the debtors and another	onimo proporty :	pormon you omm
				☐ Check if this is community property (see instructions)	<u>\$1,500</u>	0.00 \$1,500.00
3.2	Make:	Na		Who has an interest in the property? Check one Debtor 1 only	the amount of any	cured claims or exemptions. Put y secured claims on Schedule D: ave Claims Secured by Property.
	Year:	2002		Debtor 2 only	Current value of	, , ,
	Appro	ximate mileage:	100k+	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other	information:		\square At least one of the debtors and another		
				Check if this is community property (see instructions)	\$1,500	0.00 \$1,500.00
`						
				n for all of your entries from Part 2, including that number here		\$3,000.00
Part 3	Dosa	oribo Vour Bore	onal and Household It	ome		
Do yo	ou owr	n or have any l	legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex	<i>ample:</i> No	Id goods and to some major appliare Describe	furnishings nces, furniture, linens	, china, kitchenware		
				de and Franciskin as in challenge but not live	-1111-	
			beds, dressers,	eds and Furnishings including but not lim nightstands, appliances, couches, lamp ns, dinnerware, flatware, iron, etc.		\$1,500.00
Ex	No	s: Televisions a	and radios; audio, vid I phones, cameras, m	eo, stereo, and digital equipment; computers, prir nedia players, games	nters, scanners; music c	ollections; electronic devices
			TV clocks cell	phones, tablet, laptop computer and per	inherals	\$500.00
			i i, sicons, cell	production in proposition and per	.p.101413	Ψοσοιοο

	ebtor 1 Richard D. ebtor 2 Cheryl J. 7		Case number (if known)
8.		nd figurines; paintings, prints, or other artwork; books, potions, memorabilia, collectibles	ictures, or other art objects; stamp, coi	n, or baseball card collections;
	■ No □ Yes. Describe			
9.	Equipment for sports Examples: Sports, phomusical ins No Yes. Describe	tographic, exercise, and other hobby equipment; bicycl	es, pool tables, golf clubs, skis; canoe	s and kayaks; carpentry tools;
		piano		\$750.00
10	Firearms Examples: Pistols, rif No Yes. Describe	les, shotguns, ammunition, and related equipment		
11	Clothes	clothes, furs, leather coats, designer wear, shoes, acce	essories	
		ordinary used clothing and fox fur coat (in storage at Macy's, Eatonto	wn, NJ)	\$600.00
13	Examples: Everyday ■ No □ Yes. Describe Non-farm animals Examples: Dogs, cat □ No ■ Yes. Describe	jewelry, costume jewelry, engagement rings, wedding r	ings, heirloom jewelry, watches, gems	gold, silver
		4 worthless cats		\$0.00
14	. Any other personal a ■ No □ Yes. Give specific	and household items you did not already list, includ	ing any health aids you did not list	
15		e of all of your entries from Part 3, including any en tt number here		\$3,350.00
	art 4: Describe Your Fin			
D	o you own or have an	r legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	□ No	u have in your wallet, in your home, in a safe deposit bo	ox, and on hand when you file your pet	ition
			cash on hand	\$60.00

	ebtor 1 ebtor 2	Richard D. Territo Cheryl J. Territo		Case number (if known)	
17.		ts of money oles: Checking, savings, or other financial accounts; or institutions. If you have multiple accounts with the			milar
	□ No		1 22 2		
	Yes		Institution name:		
		17.1. checking accounts	PNC		\$3,497.28
	Examp ■ No	mutual funds, or publicly traded stocks les: Bond funds, investment accounts with brokerage Institution or issuer name:	e firms, money market acc	ounts	
	⊔ res	Institution or issuer name:			
	Non-pι joint v □ No	ıblicly traded stock and interests in incorporated enture	and unincorporated bus	inesses, including an interest in an LLC, partne	rship, and
	Yes.	Give specific information about them Name of entity:		% of ownership:	
		Debtor compensated on newspaper delivery route		%	\$0.00
21.	Retiren Examp □ No	Give specific information about them Issuer name: nent or pension accounts bles: Interests in IRA, ERISA, Keogh, 401(k), 403(b), List each account separately.		other pension or profit-sharing plans	
		Type of account:	Institution name:		
		Employee retirement savings/pension account excluded from debtor estate	Employer plan admin		Unknown
	Your s Examp ■ No	ry deposits and prepayments hare of all unused deposits you have made so that youles: Agreements with landlords, prepaid rent, public		r), telecommunications companies, or others	
	Annuit ■ No	ies (A contract for a periodic payment of money to yo	ou, either for life or for a nu	mber of years)	
	☐ Yes	Issuer name and description.			
		s in an education IRA, in an account in a qualified C. §§ 530(b)(1), 529A(b), and 529(b)(1).	d ABLE program, or und	er a qualified state tuition program.	
	☐ Yes	Institution name and description. Sepa	arately file the records of a	ny interests.11 U.S.C. § 521(c):	
	■ No	equitable or future interests in property (other the Give specific information about them	nan anything listed in line	e 1), and rights or powers exercisable for your b	enefit

	ebtor 1 ebtor 2	Richard D. Territo Cheryl J. Territo	Case number (if known)	
26.		s, copyrights, trademarks, trade secrets, and other intellectual property oles: Internet domain names, websites, proceeds from royalties and licensing		
	■ No □ Yes.	Give specific information about them		
27.	Examp ■ No	es, franchises, and other general intangibles bles: Building permits, exclusive licenses, cooperative association holdings, Give specific information about them	liquor licenses, professional licens	es
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	funds owed to you		
	■ No □ Yes.	Give specific information about them, including whether you already filed the	e returns and the tax years	
29.	Examp ■ No	support bles: Past due or lump sum alimony, spousal support, child support, mainten Give specific information	nance, divorce settlement, property	settlement
30.	Examp	amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick p benefits; unpaid loans you made to someone else Give specific information	ay, vacation pay, workers' compe	nsation, Social Security
31.		sts in insurance policies bles: Health, disability, or life insurance; health savings account (HSA); credi	it, homeowner's, or renter's insurar	nce
	☐ Yes.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you a some o	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance poone has died. Give specific information	licy, or are currently entitled to rece	eive property because
33.	Examp ■ No	against third parties, whether or not you have filed a lawsuit or made ples: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim	a demand for payment	
34.	■ No	contingent and unliquidated claims of every nature, including counterc	laims of the debtor and rights to	set off claims
35		Describe each claim nancial assets you did not already list		
55.	■ No			
	⊔ Yes.	Give specific information	ı	
36		the dollar value of all of your entries from Part 4, including any entries that 4. Write that number here	. •	\$3,557.28

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

				5/17/17 5:27PN
Debto Debto			Case number (if known)	
37. Do	you own or have any legal or equitable interest in any business-relate	d property?		
	lo. Go to Part 6.			
ΠY	es. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. D o	you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
_				
Part 7	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	you have other property of any kind you did not already list?	•		
	xamples: Season tickets, country club membership			
	Yes. Give specific information			
54	Add the dollar value of all of your entries from Part 7. Write that	at number here		\$0.00
01. 2	tau ino aona. Valuo or an or your orianse mont i art in miso ino			Ψ0.00
Part 8	List the Totals of Each Part of this Form			
55. F	Part 1: Total real estate, line 2			\$75,000.00
	Part 2: Total vehicles, line 5	\$3,000.00	_	ψ. σ,σσσ.σσ
	Part 3: Total personal and household items, line 15	\$3,350.00		
58. F	Part 4: Total financial assets, line 36	\$3,557.28		
59. F	Part 5: Total business-related property, line 45	\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. F	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Fotal personal property. Add lines 56 through 61	\$9,907.28	Copy personal property total	\$9,907.28
63. 1	Total of all property on Schedule A/B. Add line 55 + line 62			\$84,907.28

Fill in this inform	ill in this information to identify your case:						
Debtor 1	Richard D. Territo)					
	First Name	Middle Name	Last Name				
Debtor 2	Cheryl J. Territo						
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY					
Case number							
(if known)				☐ Check if this is an amended filing			

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	TV, clocks, cell phones, tablet, laptop computer and peripherals	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)				
	dressers, nightstands, appliances, couches, lamps, tables, chairs, pots/pans, dinnerware, flatware, iron, etc. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Household Goods and Furnishings including but not limited to beds,	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 3.2	\$1,500.00		\$1,500.00 100% of fair market value, up to any applicable statutory limit	11 0.0.0. g 022(d)(0)				
	2002 Dodge Neon 100k+ miles	A. 500 55		100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)				
	2001 Plymouth Neon 120k+ miles Line from Schedule A/B: 3.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(2)				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	■ You are claiming federal exemptions. 11 to	J.S.C. § 522(b)(2)							
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 7.1

Richard D. Territo Debtor 1 Cheryl J. Territo Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B ordinary used clothing and 11 U.S.C. § 522(d)(3) \$600.00 \$600.00 fox fur coat (in storage at Macy's, Eatontown, NJ) 100% of fair market value, up to Line from Schedule A/B: 11.1 any applicable statutory limit cash on hand 11 U.S.C. § 522(d)(5) \$60.00 \$60.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit checking accounts: PNC 11 U.S.C. § 522(d)(5) \$3,497.28 \$3,497.28 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Employee retirement** 11 U.S.C. § 522(d)(12) 100% Unknown savings/pension account excluded from debtor estate: Employer plan 100% of fair market value, up to administrator any applicable statutory limit Line from Schedule A/B: 21.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

					5/17/17 5:27PN
Fill in this information to identify	your case:				
Debtor 1 Richard D. T	errito Middle Name	Last Name			
Debtor 2 Cheryl J. Te					
(Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for	the: DISTRICT OF NEW	JERSEY			
Case number (if known)					if this is an led filing
Official Form 106D					
	ma Wha Llava Cl	olmo Coourod	l by Dranart		10/1=
Schedule D: Credito	ors who have Ci	aims secured	by Propert	<u>y </u>	12/15
Be as complete and accurate as possi is needed, copy the Additional Page, f number (if known).					
1. Do any creditors have claims secure	ed by your property?				
☐ No. Check this box and sub	mit this form to the court with y	our other schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in all of the information	tion below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor		list the creditor congrately	Column A	Column B	Column C
for each claim. If more than one credito much as possible, list the claims in alpha	r has a particular claim, list the oth	ner creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Seterus	Describe the property tha	t secures the claim:	\$73,282.18	\$75,000.00	\$0.00
Creditor's Name	320 Lake Champlair Harbor, NJ 08087 O				
PO Box 1077	As of the date you file, the	e claim is: Check all that			
Hartford, CT 06143-1077	apply. Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all t	hat apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made car loan)	e (such as mortgage or sect	ured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as t	ax lien, mechanic's lien)			
☐ At least one of the debtors and anoth	ner	wsuit			
☐ Check if this claim relates to a community debt	Other (including a right	to offset)			
Date debt was incurred 2012	Last 4 digits of acc	count number 0603			
Township of Little Egg					
Harbor	Describe the property tha	t secures the claim:	\$321.60	\$75,000.00	\$0.00
Creditor's Name	320 Lake Champlair Harbor, NJ 08087 O				
665 Radio Rd	As of the date you file, the	e claim is: Check all that			
Tuckerton, NJ 08087	apply. Contingent				
Number, Street, City, State & Zip Code					
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all t				
Debtor 1 only	An agreement you made car loan)	e (such as mortgage or secu	ured		
Debtor 2 only	☐ Statutory lien (such as t	av lien, mechanic's lien\			
■ Debtor 1 and Debtor 2 only□ At least one of the debtors and anoth	_ ` `	,			
☐ At least one of the debtors and anoth	ner				
community debt					
Date debt was incurred	Last 4 digits of acc	count number 3256			

Debtor 1	Richard D. Territo			Case number (if know)	
	First Name	Middle Name	Last Name	_	
Debtor 2	Cheryl J. Territo				
	First Name	Middle Name	Last Name		
					_
Add the	dollar value of your ent	ries in Column A on	this page. Write that number here:	\$73,603.78	
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			\$73,603.78	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

								5/17/17 5:27PM
Fil	l in this inform	ation to identify your o	case:					
De	btor 1	Richard D. Territo)					
		First Name	Middle Nar	ne	Last Name			
De	btor 2	Cheryl J. Territo						
(Sp	ouse if, filing)	First Name	Middle Nar	ne	Last Name	_		
Un	ited States Ban	kruptcy Court for the:	DISTRICT O	F NEW JERSEY				
	se number							
(if k	nown)						_	if this is an
_							amend	led filing
Of	ficial Form	106E/F						
		F: Creditors W	ho Have	Unsecured	Claims			12/15
Sch Sch left. nam	edule G: Execute edule D: Credito Attach the Cont ne and case num	acts or unexpired leases ory Contracts and Unexpi rs Who Have Claims Sect inuation Page to this pag- ber (if known).	ired Leases (Off ured by Property e. If you have no	icial Form 106G). y. If more space is o information to re	Do not include any cre needed, copy the Part	ditors with partially s you need, fill it out, i	ecured claims that a number the entries in	re listed in n the boxes on the
Га 1.		rs have priority unsecured						
١.	No. Go to Pa		u ciaiiiis agailisi	. you :				
	Yes.	II (Z.						
2.	List all of your identify what type possible, list the	priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde nan one creditor holds a par	s both priority and er according to the	d nonpriority amour e creditor's name. I	nts, list that claim here a f you have more than tw	nd show both priority a	nd nonpriority amount	ts. As much as
	(For an explanat	tion of each type of claim, s	ee the instruction	s for this form in th	e instruction booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Internal	Revenue Service	Las	st 4 digits of accou	unt number	\$30,769.00	\$26,769.00	\$4,000.00
	Insolven PO Box	744	Wh	en was the debt in	ncurred?			
		eld, NJ 07081 eet City State Zlp Code	As	of the date you file	e, the claim is: Check a	all that apply		
		the debt? Check one.	_	Contingent	-,	u.a. app.y		
	Debtor 1 or	nly	_	Unliquidated				
	Debtor 2 or	nly	_	•				
		nd Debtor 2 only		Disputed oe of PRIORITY un	secured claim:			
	_			Domestic support of				
	_	e of the debtors and anothe	_		· ·	2010 mm or 1		
		is claim is for a commun ubject to offset?	_		other debts you owe the personal injury while yo	•		
	No	ubject to onset?	_	Other. Specify	personal injury wrille yo	ou were intoxicated		
	— 110			Outer, Specify				

☐ Yes

☐ Other. Specify

2012-16 fed income tax, interest, penalty

5/17/17 5:27PM Debtor 1 Richard D. Territo Debtor 2 Cheryl J. Territo Case number (if know) New York State Dept of Tax & \$556.00 \$556.00 \$0.00 2.2 Last 4 digits of account number **Finance** Priority Creditor's Name When was the debt incurred? PO Box 5300 Att: Bankruptcy Section Albany, NY 12205-0300 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes 2016 state income tax 2.3 State of NJ Div of Tax Last 4 digits of account number \$5,404.00 \$5,404.00 \$0.00 Priority Creditor's Name 50 Barrack St 9th FI When was the debt incurred? Att: Compliance & Enforcement -**Bkcy PO Box 245** Trenton, NJ 08695-0267 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another ■ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify

Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?
 - ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 - Yes.

☐ Yes

List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Richard D. Territo Debtor 2 Cheryl J. Territo Case number (if know) 4.1 Ally Financial Last 4 digits of account number 9164 Unknown Nonpriority Creditor's Name Att: Bankruptcy Dept When was the debt incurred? PO Box 380901 **Bloomington, MN 55438** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Contingent Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No auto Ioan deficiency repossessed 2009 Other Specify Nissan Rogue 140K miles ☐ Yes 4.2 American Eagle Synchrony Bank Last 4 digits of account number 6692 \$4,160.51 Nonpriority Creditor's Name Att: Selip & Stylianou LLP When was the debt incurred? 10 Forest Avenue Suite 300 Paramus, NJ 07652 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit **American Express** 4.3 Last 4 digits of account number 5690 \$13,026.00 Nonpriority Creditor's Name PO Box 297884 When was the debt incurred? Fort Lauderdale, FL 33329-7884 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Credit

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.4 \$1,479.99 Ann Taylor/Comenity Bank Last 4 digits of account number 4368 Nonpriority Creditor's Name Att: Bankruptcy Dept. When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit ☐ Yes 4.5 Ann Taylor/Comenity Bank \$720.81 Last 4 digits of account number 8717 Nonpriority Creditor's Name Att: Bankruptcy Dept. When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit ☐ Yes 4.6 **Atlantic City Electric** \$80.81 Last 4 digits of account number 3427 Nonpriority Creditor's Name When was the debt incurred? PO Box 13610 Philadelphia, PA 19101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

debt

■ No
□ Yes

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

■ Other. Specify Utility

■ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.7 AWL \$1,017.67 Last 4 digits of account number 7637 Nonpriority Creditor's Name 2128 N. 14th Street #130 When was the debt incurred? Ponca City, OK 74601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Loan 4.8 **Bank of America** Last 4 digits of account number 1155 \$7,381.44 Nonpriority Creditor's Name PO Box 982235 When was the debt incurred? El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit ☐ Yes 4.9 **Bank of America** \$3,358.00 Last 4 digits of account number 8796 Nonpriority Creditor's Name PO Box 982238 When was the debt incurred? El Paso, TX 79998-2238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Is the claim subject to offset?

■ No ☐ Yes

☐ Contingent

■ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 \square Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit

5/17/17 5:27PM Debtor 1 Richard D. Territo Debtor 2 Cheryl J. Territo Case number (if know) 4.1 5552 \$3.979.46 **Best Buy** Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 790441 When was the debt incurred? Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Credit 4.1 **Best Buy** 1414 \$3,933.09 Last 4 digits of account number Nonpriority Creditor's Name PO Box 790441 When was the debt incurred? Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Best Egg/Systems & Services 4.1 0883 \$7,314.57 **Technologies** Last 4 digits of account number Nonpriority Creditor's Name PO Box 3999 When was the debt incurred? Saint Joseph, MO 64503-0999 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

debt

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

■ Other. Specify loan

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.1 \$241.08 Boscov's Last 4 digits of account number 3 Nonpriority Creditor's Name **Retail Services** When was the debt incurred? Box 15521 Wilmington, DE 19850-5521 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit 4.1 Boscov's 3716 \$509.06 Last 4 digits of account number Nonpriority Creditor's Name **Retail Services** When was the debt incurred? Box 15521 Wilmington, DE 19850-5521 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit ☐ Yes 4.1 **Cash Advance Now** \$443.25 Last 4 digits of account number Nonpriority Creditor's Name PO Box 569 When was the debt incurred? Hays, MT 59527 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Loan

 \square Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.1 3900 \$536.99 **Cash Fairy** Last 4 digits of account number 6 Nonpriority Creditor's Name Clearwater Lending When was the debt incurred? PO Box 320 Hays, MT 59527 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Loan 4.1 9183 **Center for Oral Surgery** \$153.75 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Att: Shore Recovery Service **PO Box 818** Jackson, NJ 08527-0818 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 2664 Chase \$343.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 15298 When was the debt incurred? Att: Bankruptcy Dept Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

report as priority claims

■ Other. Specify Credit

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.1 3664 \$3.551.67 Chase Last 4 digits of account number 9 Nonpriority Creditor's Name When was the debt incurred? PO Box 15298 Att: Bankruptcy Dept Wilmington, DE 19850-5298 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit 4.2 **Credit One Bank** 8650 \$326.82 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 98873 When was the debt incurred? Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit ☐ Yes 4.2 **Green Trust Cash** 3971 \$827.00 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 340** When was the debt incurred? Hays, MT 59527 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt

■ No ☐ Yes report as priority claims

Other. Specify Loan

☐ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.2 **Territo** \$1.300.00 **Holmdel Dental Group** Last 4 digits of account number 2 Nonpriority Creditor's Name 999 Palmer Avenue When was the debt incurred? Holmdel, NJ 07733 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.2 **Home Depot** 5626 \$13,243.22 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 790328 When was the debt incurred? Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit 4.2 **Integrated Medicine Alliance** 0249 \$40.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 8519 When was the debt incurred? Red Bank, NJ 07701-8519

Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.2 Jersey Cen Pwr Light Bkcy Dept \$795.78 Last 4 digits of account number 5 Nonpriority Creditor's Name 331 Newman Springs Rd When was the debt incurred? Bldq 3 Red Bank, NJ 07701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify utility 4.2 Kohl's 6166 \$670.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 3043 When was the debt incurred? Milwaukee, WI 53201-3043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit ☐ Yes 4.2 Kohl's 6421 \$507.95 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3043 When was the debt incurred? Milwaukee, WI 53201-3043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

debt

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

■ Other. Specify Credit

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.2 4700 \$280.16 LendGreen Last 4 digits of account number 8 Nonpriority Creditor's Name PO Box 221 When was the debt incurred? Lac Du Flambeau, WI 54538 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Loan 4.2 **Lions Loans** 7998 \$1,652.71 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 1547 When was the debt incurred? Sandy, UT 84091 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Loan 4.3 Love Loft/Comenity Bank 4368 \$1,414.98 Last 4 digits of account number 0 Nonpriority Creditor's Name Att: Bankruptcy Department When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this claim is for a community

debt

Is the claim subject to offset?

■ No

☐ Yes

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit

Debtor 1 Richard D. Territo Debtor 2 Cheryl J. Territo Case number (if know) 4.3 2028 \$6.054.88 Macy's Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Att: Bankruptcy Dept. PO Box 8053 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit 4.3 Macy's 4930 \$840.04 Last 4 digits of account number Nonpriority Creditor's Name Att: Bankruptcy Dept. When was the debt incurred? PO Box 8053 Mason, OH 45040 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit ☐ Yes 4.3 **Medical Adv Endodontic Associates** \$50.00 Last 4 digits of account number Nonpriority Creditor's Name 1398 State Route 35 When was the debt incurred? Ocean, NJ 07712 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify Medical

Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.3 \$2.355.00 Middletown Townhouse Assoc Last 4 digits of account number Nonpriority Creditor's Name 145 Cherry Tree Farm Rd When was the debt incurred? Middletown, NJ 07748 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **HOA dues/assessments (property** Other. Specify ☐ Yes foreclosed) **Monmouth County Postal Employee** 4.3 1143 \$10,928.07 Last 4 digits of account number 5 CU Nonpriority Creditor's Name When was the debt incurred? PO Box 518 Red Bank, NJ 07701 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Personal Loan ☐ Yes 4.3 My Loan Site 9109 \$1.253.70 6 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 188** When was the debt incurred? Fort Thompson, SD 57339 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

■ Other. Specify Loan

 \square Debts to pension or profit-sharing plans, and other similar debts

Debto Debto	71 Richard D. Territo 72 Cheryl J. Territo	Case number (if know)	
4.3	New Jersey E-ZPass	Last 4 digits of account number 1005	\$415.60
	Nonpriority Creditor's Name Att: RMCB 4 Westchester Plaza Suite 110 Elmsford, NY 10523	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit	
4.3	New Jersey Turnpike Authority Nonpriority Creditor's Name	Last 4 digits of account number 4701;2311	\$108.00
	Att: NJ E-Z Pass Violations Processing Center PO Box 4971 Trenton, NJ 08650	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify violation	
4.3			
9	NJ Natural Gas Nonpriority Creditor's Name	Last 4 digits of account number 7034	\$258.40
	1415 Wyckoff Road PO Box 1464	When was the debt incurred?	
	Relmar, NJ 07715-0001 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Utility	
		Canon opening	

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.4 5750 \$50.75 **NJ Turnpike Authority** 0 Last 4 digits of account number Nonpriority Creditor's Name **NJ EZ Pass** When was the debt incurred? Trenton, NJ 08650 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Fines 4.4 **Orthopedic Sports Medicine** 6196 \$35.00 Last 4 digits of account number Nonpriority Creditor's Name 80 Oak Hill Road When was the debt incurred? Red Bank, NJ 07701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.4 PayPal Credit 5678 \$2,914.07 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5138 When was the debt incurred? Timonium, MD 21094 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

■ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another ☐ Check if this claim is for a community

debt

Is the claim subject to offset?

■ No ☐ Yes ■ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 \square Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

 \square Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit

Debto Debto	or 1 Richard D. Territo Cheryl J. Territo	Case number (if know)	
4.4 3	Quest Diagnostics Inc.	Last 4 digits of account number 7273	\$20.00
	Nonpriority Creditor's Name Att: AMCA 4 Westchester Plaza Suite 110 Elmsford, NY 10523	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.4	Sallie Mae	Last 4 digits of account number 4507	\$93,142.17
	Nonpriority Creditor's Name PO Box 3319 Wilmington, DE 19804	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☐ Other. Specify	
		Student Loan	
4.4 5	Satellite Storage Nonpriority Creditor's Name	Last 4 digits of account number 2033	\$127.72
	915 Highway 35 Middletown, NJ 07748	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit	

Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.4 5129 \$932.00 **Sears Credit Cards** Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 6283 When was the debt incurred? Sioux Falls, SD 57117-6283 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Credit 4468 **Sears Mastercard** \$2,974.33 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6282 When was the debt incurred? Sioux Falls, SD 57117-6282 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit 4.4 Stress Care of NJ \$210.00 8 Last 4 digits of account number Nonpriority Creditor's Name 4122 Route 516 When was the debt incurred? Suite C and D Matawan, NJ 07747-7031 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.4 2583 \$3.145.29 **Target** Last 4 digits of account number 9 Nonpriority Creditor's Name 3901 West 53rd Street When was the debt incurred? Sioux Falls, SD 57106-4216 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit 4.5 Target Finance LLC 9461 \$790.89 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 581 When was the debt incurred? Hays, MT 59527 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Loan 4.5 TD Bank USA/Target 510 \$3,046.08 Last 4 digits of account number Nonpriority Creditor's Name PO Box 673 When was the debt incurred? Minneapolis, MN 55440 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

■ Debtor 2 only

debt

■ No

☐ Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

■ Unliquidated

☐ Student loans

report as priority claims

■ Other. Specify Credit

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

5/17/17 5:27PM Debtor 1 Richard D. Territo Case number (if know) Debtor 2 Cheryl J. Territo 4.5 TD Bank Visa Signature 4874 \$1.905.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 84037 When was the debt incurred? Columbus, GA 31908-4037 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Credit 4.5 **TD Visa** 7835 \$4,341.84 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 84037 When was the debt incurred? Columbus, GA 31908 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit 4.5 **Terminex** 9897 \$139.10 Last 4 digits of account number Nonpriority Creditor's Name 1750 Brielle Avenue When was the debt incurred? Unit 2A Ocean, NJ 07712 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No

Other. Specify Utility

☐ Yes

Case number (if know) Debtor 2 Cheryl J. Territo 4.5 Unknown **Township of Middletown** Last 4 digits of account number 5 Nonpriority Creditor's Name Tax Collector When was the debt incurred? 1 Kings Highway Middletown, NJ 07748 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify municipal tax/utility charges ☐ Yes 4.5 **Township of Middletown** 6640 \$231.76 Last 4 digits of account number 6 Nonpriority Creditor's Name Sewerage Authority When was the debt incurred? PO Box 281 Middletown, NJ 07748 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify sewer tax ☐ Yes 4.5 **VBS Fox Hills** 1676 \$607.50 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 196** When was the debt incurred? Batesland, SD 57716 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Loan

Debtor 1 Richard D. Territo

Debto Debto	or 1 Richard D. Territo Cheryl J. Territo	Case number (if know)	
4.5	Wells Fargo Card Services	Last 4 digits of account number 5444	\$1,063.48
	Nonpriority Creditor's Name PO Box 10347	When was the debt incurred?	
	Des Moines, IA 50306-0347 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce th report as priority claims	at you did not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debt	S
	Yes	Other. Specify Credit	
4.5	Wells Fargo Home Mortgage	Last 4 digits of account number 7556	Unknown
	Nonpriority Creditor's Name Att: Bankruptcy PO Box 10335	When was the debt incurred?	
	Des Moines, IA 50306 Number Street City State Zlp Code	As of the date very file the plains in Charles II that such	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	■ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce th	at you did not
	Is the claim subject to offset?	report as priority claims	•
	■ No	\square Debts to pension or profit-sharing plans, and other similar debt	5
	Yes	■ Other. Specify possible mortgage deficiency foll foreclosure sheriff sale 3/13/2017	owing
4.6	Zoca Loans	Last 4 digits of account number 8676	\$1,512.12
	Nonpriority Creditor's Name PO Box 1147 Mission, SD 57555	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce th report as priority claims	at you did not
	■ No	Debts to pension or profit-sharing plans, and other similar debt	S

Part 3: List Others to Be Notified About a Debt That You Already Listed

☐ Yes

■ Other. Specify Loan

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 R Debtor 2 C				Case r	number (i	f know)	
		creditor for any of the debt		additional cr	editors he	ere. If you do not have additional persons	to be
Name and Ad	-	s in r arts r or 2, do not mi	On which entry in Part 1 or Part 2 did	d you list the o	riginal cre	ditor?	
Internal Re			Line 2.1 of (Check one):	=	_	with Priority Unsecured Claims	
Cincinnati	i, OH 459	999-0025				with Nonpriority Unsecured Claims	
			Last 4 digits of account number			, ,	
Name and Ad			On which entry in Part 1 or Part 2 did	d you list the o	riginal cre	ditor?	
Internal Ro			Line 2.1 of (Check one):	Part 1:	Creditors	with Priority Unsecured Claims	
Centralize PO Box 73		ency Operation		Part 2:	Creditors	with Nonpriority Unsecured Claims	
	-	19101-7346					
	,		Last 4 digits of account number				
Name and Ad	Idress		On which entry in Part 1 or Part 2 did	d you list the o	riginal cre	ditor?	
Labrea De	an		Line 2.3 of (<i>Check one</i>):	=	_	with Priority Unsecured Claims	
NJ Div of						with Nonpriority Unsecured Claims	
TGI Def Ve		roup H				, ,	
PO Box 10		8057-1018					
Moorestor	,		Last 4 digits of account number				
Name and Ad	Idress		On which entry in Part 1 or Part 2 did	d vou list the o	riginal cre	ditor?	
Pioneer C		covery	Line 2.3 of (Check one):			with Priority Unsecured Claims	
Box 1009						with Nonpriority Unsecured Claims	
Mooresto	wn, NJ 0	8057-0909	Last 4 digits of account number				
			-	I P. C.		". O	
Name and Ad Remex, In			On which entry in Part 1 or Part 2 did Line 4.33 of (<i>Check one</i>):		_	altor? with Priority Unsecured Claims	
•	307 Wall Street		en (enear ene).			with Nonpriority Unsecured Claims	
Princeton,	, NJ 085	40	Lock delicites of account country	— Tan 2.	Cieditors	with Nonpholity Offsecured Claims	
			Last 4 digits of account number				
Name and Ad		Creditors Bureau	On which entry in Part 1 or Part 2 did	-	_		
4 Westche			Line 4.37 of (<i>Check one</i>):			with Priority Unsecured Claims	
Suite 110		. 		■ Part 2:	Creditors	with Nonpriority Unsecured Claims	
Elmsford,	NY 1052	23		_			
			Last 4 digits of account number	1(005		
Name and Ad			On which entry in Part 1 or Part 2 did	-	•		
Shapiro &			Line <u>4.59</u> of (<i>Check one</i>):	☐ Part 1:	Creditors	with Priority Unsecured Claims	
14000 Cor Ste B	nmerce	PKWY		Part 2:	Creditors	with Nonpriority Unsecured Claims	
Mount Lau	urel, NJ	08054					
			Last 4 digits of account number				
Name and Ad	Idress		On which entry in Part 1 or Part 2 did	d you list the o	riginal cre	ditor?	
Thomas W		ann, Esq.	Line 4.34 of (<i>Check one</i>):	☐ Part 1:	Creditors	with Priority Unsecured Claims	
56 Ellisen Watchung		160		Part 2:	Creditors	with Nonpriority Unsecured Claims	
wateriurig	j, NJ 070	109	Last 4 digits of account number				
Part 4: A	dd the A	mounts for Each Type of	of Unsecured Claim				
6. Total the au type of uns			d claims. This information is for statisti	cal reporting	purpose	s only. 28 U.S.C. §159. Add the amounts fo	r each
						Total Claim	
T-4:1	6a.	Domestic support obliga	itions	6a.	\$	0.00	
Total claims							
from Part 1	6b.		debts you owe the government	6b.	\$	36,729.00	
	6c.		onal injury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priorit	y unsecured claims. Write that amount he	re. 6d.	\$	0.00	

Debtor 1 Richard D. Territo Debtor 2 Cheryl J. Territo

6f.

6e.	Total Priorit	y. Add lines	6a through 6d

Total claims from Part 2

Student loans

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount
- Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6e.	\$ 36,729.00
6f.	\$ Total Claim 93,142.17
6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 119,600.39
6j.	\$ 212,742.56

Fill in this inform	mation to identify your							
Debtor 1	Richard D. Territo)						
	First Name	Middle Name	Last Name					
Debtor 2	Cheryl J. Territo							
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: DISTRICT OF NEW JERSE		DISTRICT OF NEW JERSEY						
Case number	Case number							
(if known)				☐ Check if this is an				
				amended filing				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	Gab's Little Silver, NJ	residential apartment lease
2.2	Satellite Storage 915 Highway 35 Middletown, NJ 07748	storage unit

				5/17/17 5:27P
Fill in thi	is information to identify	our case:		
Debtor 1	Richard D. Te	errito		
	First Name	Middle Name	Last Name	
Debtor 2	Cheryl J. Ter	rito Middle Name	Last Name	
(Spouse if, f	ning) First Name			
United St	tates Bankruptcy Court for t	he: DISTRICT OF NEW JEF	RSEY	
Case nur	mber			
(if known)				☐ Check if this is an amended filing
	al Form 106H dule H: Your C	odebtors		12/15
fill it out, your nam	and number the entries in the and case number (if known		the Additional Page to thi	If more space is needed, copy the Additional Page, s page. On the top of any Additional Pages, write codebtor.
□ No	0			
■ Ye	es			
		e you lived in a community pro iana, Nevada, New Mexico, Pu		Community property states and territories include in, and Wisconsin.)
■ No	o. Go to line 3.			
□ Ye	es. Did your spouse, former	spouse, or legal equivalent live	with you at the time?	
in lir Forn	ne 2 again as a codebtor o	only if that person is a guarant	tor or cosigner. Make sure	our spouse is filing with you. List the person shown you have listed the creditor on Schedule D (Officia Use Schedule D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtoo Name, Number, Street, City, State			Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Jennifer Territo 473 Clubhouse Drive Middletown, NJ 07748	3		☐ Schedule D, line ■ Schedule E/F, line4.44 ☐ Schedule G Sallie Mae

Schedule H: Your Codebtors

Fill in this informa	ation to identify your case:	
Debtor 1	Richard D. Territo	
Debtor 2 (Spouse, if filing)	Cheryl J. Territo	
United States Bar	nkruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter
Official Fo	orm 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed	■ Employed	
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed	
	employers.	Occupation	mailroom clerk	letter carrier	
	Include part-time, seasonal, or self-employed work.	Employer's name	Verizon	US Postal Serv	
	Occupation may include student	Employer's address			
	or homemaker, if it applies.		New York, NY 10007	Belford, NJ 07718	
		How long employed the	here? 21 yrs	16 yrs	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,000.

3. Estimate and list monthly overtime pay.

3. +\$

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 1,121.50 \$ 2,570.78

3. +\$ 0.00 +\$ 0.00

4. \$ 1,121.50 \$ 2,570.78

For Debtor 2 or

For Debtor 1

Debtor 1 Richard D. Territo Cheryl J. Territo

Casa	number	(if known)
Case	Hullibel	(II KIIOWII)

							Debtor 2 or filing spouse	
	Copy	line 4 here	4.	\$	1,121.50	\$	2,570.78	
		7 IIIIC 4 IIGIC		-	.,	· —		
5.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	392.78	\$	591.29	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	18.42	
	5c.	Voluntary contributions for retirement plans	5c.	\$	65.97	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	162.13	\$	305.39	
	5e.	Insurance	5e.	\$	42.54	\$	1.10	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	20.34	\$	24.72	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	- \$	0.00	
6.	Add t	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	683.76	\$	940.92	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	437.74	\$	1,629.86	
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business,						
		profession, or farm Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent						
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$ 	0.00	
	8e.	Social Security	8e.	\$ 	0.00	\$—	0.00	
	8f.	Other government assistance that you regularly receive	oc.	Ψ	0.00	Ψ	0.00	
	OI.	Include cash assistance and the value (if known) of any non-cash assistance						
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies.						
	_	Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_8h.+	\$	0.00	- \$	0.00	
9.	۸ ط ط ،	all other income Add lines 90,19h,19a,19d,19a,19h	9.	\$	0.00	\$	0.00	
9.	Auu a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Φ	0.00	Φ_	0.00	
10.			0. \\$_		437.74 + \$_	1,6	29.86 = \$ 2	067.60
	Add t	he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule. de contributions from an unmarried partner, members of your household, your of friends or relatives. It include any amounts already included in lines 2-10 or amounts that are not a	depend				chedule I	
	Speci	,	· unabl	- 10 pc	ay oxponded lide		11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ 2	067.60
							Combined	
40	De	au aymost an ingress or degrees within the core after our file (i.i. fermio					monthly in	ncome
13.	שט yo	ou expect an increase or decrease within the year after you file this form?						
	_	No.						
		Yes. Explain:						

T=811	in this informs	tion to identify ve	2115 00001			•		
		tion to identify yo				0.1		
Deb	tor 1	Richard D. T	errito			Che	eck if this is: An amended filing	
	otor 2 ouse, if filing)	Cheryl J. Ter	rrito				•	wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
	e number nown)							
		rm 106J						
Be info	as complete a		possible eded, atta	If two married people a ch another sheet to this				
Par 1.	t 1: Descr Is this a joir	ibe Your House	hold					
1.	□ No. Go to		in a separ	ate household?				
	■ N	0	-	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Del	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter		22	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes
3.	expenses o	penses include f people other t d your depende	han $_{m \sqcap}$	No Yes				☐ Yes
exp	imate your ex		our bankr	uptcy filing date unless				apter 13 case to report of the form and fill in the
the		h assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners		ses for your residence. r lot.	Include first mortgag	e 4.	\$	1,400.00
	If not includ	led in line 4:						
	4b. Prope	estate taxes rty, homeowner's				4a. 4b.	·	0.00 55.00
		maintenance, re owner's associat		ipkeep expenses		4c. 4d.		75.00 0.00
5.				our residence, such as h	ome equity loans	4u. 5.		0.00

Deb	tor 1	Richard	D. Territo			
Deb	tor 2	Cheryl	J. Territo	Case num	ber (if kn	nown)
6.	Utilit	ies:				
٥.	6a.		r, heat, natural gas	6a.	\$	425.00
	6b.		ewer, garbage collection	6b.	\$	0.00
	6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	325.00
	6d.	Other. Sp	pecify:	6d.	\$	0.00
7.	Food	and hous	sekeeping supplies	7.	\$	650.00
8.	Child	dcare and	children's education costs	8.	\$	0.00
9.	Cloth	hing, laund	dry, and dry cleaning	9.	\$	160.00
10.	Pers	onal care	products and services	10.	\$	80.00
11.	Medi	ical and de	ental expenses	11.	\$	240.00
12.			Include gas, maintenance, bus or train fare.	40	•	555.00
4.0			car payments.	12.	*	
			clubs, recreation, newspapers, magazines, and books	13.		260.00
			tributions and religious donations	14.	\$	80.00
15.		rance.	nourones deducted from your pay or included in lines 4 or 20			
		Life insur	nsurance deducted from your pay or included in lines 4 or 20.	15a.	\$	0.00
		Health ins		15a.		0.00
		Vehicle in		15c.		167.00
			urance. Specify:	15d.		0.00
16			nclude taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
10.	Spec		include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.			lease payments:			
			nents for Vehicle 1	17a.	·	0.00
			nents for Vehicle 2	17b.	·	0.00
		Other. Sp	•	17c.		0.00
		Other. Sp		17d.	\$	0.00
18.			s of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19			s you make to support others who do not live with you.		\$ —	0.00
15.	Spec		3 you make to support others who do not live with you.	19.	Ψ	0.00
20.		,	perty expenses not included in lines 4 or 5 of this form or on School		our Inco	ome.
			s on other property	20a.		0.00
	20b.	Real esta	te taxes	20b.	\$	0.00
	20c.	Property,	homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintena	nce, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowi	ner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify:	pet/vet expense	21.	+\$	80.00
	gifts		· · ·		+\$	25.00
22			monthly expenses			
22.			Honding expenses I through 21.		\$	4 577 00
			22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		- φ	4,577.00
					Ψ =	4.577.00
	22C.	Add line 22	2a and 22b. The result is your monthly expenses.		\$_	4,577.00
23.	Calc	ulate your	monthly net income.			
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	5,428.23
	23b.	Copy you	r monthly expenses from line 22c above.	23b.	-\$	4,577.00
	230	Subtract	your monthly expenses from your monthly income.			
	236.		t is your <i>monthly net income</i> .	23c.	\$	851.23
24.	For ex	xample, do y ication to the	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you eterms of your mortgage?			
			Explain here:			
	— т	. .	Explain note.			

Fill in this infor	mation to identify your	case:			
Debtor 1	Richard D. Territo	1			
	First Name	Middle Name	Last Name		
Debtor 2	Cheryl J. Territo				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSE	Y		
Case number					
(if known)				☐ Check if this is an amended filing	
f two married p	tion About a	n Individual D	le for supplying correct		
obtaining mone years, or both. 1		n connection with a bankrup		nes up to \$250,000, or imprisonment for up to 20	
Did you pa	ay or agree to pay some	one who is NOT an attorney	to help you fill out bank	kruptcy forms?	_
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)	
	alty of perjury, I declare re true and correct.	that I have read the summary	y and schedules filed wi	ith this declaration and	
	hard D. Territo		X /s/ Cheryl J. To		
	rd D. Territo		Cheryl J. Terri		
Signatu	re of Debtor 1		Signature of Deb	JIOI Z	
Date	May 15, 2017		Date May 15,	, 2017	

Fill ir	this inforr	nation to identify you	r case:						
Debto	or 1	Richard D. Terri	to						
.		First Name	Middle Name	Last Name					
Debto (Spous	or 2 e if, filing)	Cheryl J. Territo First Name	Middle Name	Last Name					
Unite	d States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY					
Casa	number								
(if knov	_				_	heck if this is an mended filing			
Oπ:	sial Fa	was 407							
		<u>rm 107</u> of Financial	Affairs for Individ	duals Filing for B	ankruntev	4/16			
					equally responsible for sup				
inforn	nation. If m		attach a separate sheet to		additional pages, write you				
		, , , , ,							
Part '			rital Status and Where You	Lived Before					
1. V	Vhat is you	r current marital statu	ıs?						
	■ Married ■ Not mai	rried							
2. C	ouring the l	ring the last 3 years, have you lived anywhere other than where you live now?							
Ī	■ No								
	_	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .				
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory				
states	and territor	ies include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and W	/isconsin.)			
Į	No								
L	☐ Yes. Ma	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Part :	2 Explai	n the Sources of You	r Income						
F	ill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?			
	J No								
I	Yes. Fil	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
From	January 1	of current year until	=	,	=	,			
		d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$24,387.00	■ Wages, commissions, bonuses, tips	\$33,355.00			
			Operating a business		Operating a business				

5/17/17 5:27PM Richard D. Territo Debtor 1 Debtor 2 Cheryl J. Territo Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$135,542.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 For the calendar year before that: \$128,276.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) For last calendar year: pension liquidation \$59,341.00 (January 1 to December 31, 2016) For the calendar year before that: pension liquidation \$13,633.00 (January 1 to December 31, 2015) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

No.

☐ Yes

Go to line 7.

attorney for this bankruptcy case.

	tor 1 tor 2	Richard D. Territo Cheryl J. Territo		Cas	se number (if known)		
	<i>Inside</i> of whi	in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	ontrol, or owner of 20% or	eral partners; partners more of their voting	erships of which you g securities; and ar	u are a genera ny managing a	I partner; corporations gent, including one for
		No Yes. List all payments to an insider.					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	inside	in 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos		nents or transfer a	any property on a	count of a de	ebt that benefited an
		No Yes. List all payments to an insider					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pari	t 4:	Identify Legal Actions, Repossession	ns, and Foreclosures				
	List al modif	in 1 year before you filed for bankruptor ill such matters, including personal injury ications, and contract disputes. No Yes, Fill in the details.					
	Case title Case number		Nature of the case	ture of the case Court or agency		Status of th	e case
	Wel	ls Fargo Bank v. Territo 11706-15	foreclosure	Superior Court Chancery Divis Monmouth Cou Freehold, NJ 0	sion unty	☐ Pending ☐ On appe ☐ Conclude	
	Checl	in 1 year before you filed for bankrupton k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	hed, attached	l, seized, or levied?
	Cred	litor Name and Address	Describe the Property		Date		Value of the property
		Is Fargo Home Mortgage Bankruptcy	Explain what happened 473 Clubhouse Drive Middletown, NJ		3-13-	2017	\$250,000.00
		Box 10335 Moines, IA 50306	☐ Property was repossessed. ☐ Property was foreclosed.				
			☐ Property was garnishe				
11.	acco	in 90 days before you filed for bankrup unts or refuse to make a payment bec No		·	nancial institution	, set off any a	mounts from your
		Yes. Fill in the details.	Describe the settler of	anaditan tas I	D. (action	A
	Cred	litor Name and Address	Describe the action the	creditor took	Date a taken	action was	Amount

	tor 2	Cheryl J. Territo		Cas	se number (i	f known)	
12.	Within court	n 1 year before you filed for bankru -appointed receiver, a custodian, o	uptcy, w or anoth	as any of your property in the possess er official?	sion of an as	ssignee for the bene	efit of creditors, a
	_	No Yes					
Part	5:	List Certain Gifts and Contribution	ns				
13.	Withi	n 2 years before you filed for bankı	ruptcy,	did you give any gifts with a total value	of more th	an \$600 per person	?
		No					
		Yes. Fill in the details for each gift.				_	
		s with a total value of more than \$60 person	00	Describe the gifts		Dates you gave the gifts	Value
	Pers Addr	on to Whom You Gave the Gift and ress:	i				
14.	_	n <mark>2 years before you filed for bankı</mark> No	ruptcy,	did you give any gifts or contributions	with a total	value of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or o	contribu	tion.			
	more Char	or contributions to charities that set than \$600 city's Name ress. (Number, Street, City, State and ZIP Cod		Describe what you contributed		Dates you contributed	Value
Pari	6:	List Certain Losses					
	or ga	n 1 year before you filed for bankrumbling? No Yes. Fill in the details.	uptcy or	since you filed for bankruptcy, did you	u lose anyth	ning because of the	t, fire, other disaster
		cribe the property you lost and	Descr	ibe any insurance coverage for the loss	s	Date of your	Value of property
	how	the loss occurred		e the amount that insurance has paid. List nce claims on line 33 of <i>Schedule A/B: Pr</i>		loss	lost
Part	7:	List Certain Payments or Transfer	s				
	consu	ulted about seeking bankruptcy or	prepari	id you or anyone else acting on your being a bankruptcy petition? rs, or credit counseling agencies for service			rty to anyone you
		on Who Was Paid		Description and value of any propert	tv	Date payment	Amount of
	Addr Ema		You	transferred	.,	or transfer was made	payment
	War 65 M PO Key	ren Brumel, Esq. lain Street Box 181 port, NJ 07735 v.keyportlaw.com	4	attorney fees		1/20/2017	\$1,250.00
	Four 112 Fort	t Education and Certification ndat Goliad St Worth, TX 76126 v.bkcert.com		pre-bankruptcy credit counseling	g	3/2017	\$15.00

Debtor 2				Case r	number (if known)	
pro	hin 1 year before you filed for bankrupt mised to help you deal with your credit not include any payment or transfer that yo	ors or to make paym			alf pay or transfer any prop	perty to anyone who
•	No					
	Yes. Fill in the details.					
	rson Who Was Paid Idress	Description a transferred	Description and value of any property transferred			Amount o paymen
trar Incl incl	hin 2 years before you filed for bankrup nsferred in the ordinary course of your l ude both outright transfers and transfers n ude gifts and transfers that you have alrea No	business or financial nade as security (such	l affairs? as the granting of			
	Yes. Fill in the details.					
	rson Who Received Transfer Idress	Description a property trans		pa	escribe any property or yments received or debts id in exchange	Date transfer was made
Pe	rson's relationship to you				-	
	hin 10 years before you filed for bankru neficiary? (These are often called asset-pa No		er any property to	a self-se	ettled trust or similar devic	e of which you are a
_	Yes. Fill in the details.					
Na	me of trust	Description a	nd value of the p	roperty tr	ansferred	Date Transfer was
			·			made
Part 8:	List of Certain Financial Accounts, In	nstruments, Safe Dep	oosit Boxes, and	Storage l	Jnits	
sol Inc	hin 1 year before you filed for bankrupt d, moved, or transferred? lude checking, savings, money market, uses, pension funds, cooperatives, asso No	or other financial ac	counts; certificate	es of dep	-	
_	Yes. Fill in the details.	1 4 4 15 15	T (D-1	Last balance
	Ime of Financial Institution and Idress (Number, Street, City, State and ZIP de)	Last 4 digits of account number	Type of acc instrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing of transfe
_	nase Bank iddletown, NJ 07748	XXXX-3328	☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other		3/2017	\$50.00
	alley National Bank olmdel, NJ 07733	XXXX-2364	■ Checking □ Savings □ Money M □ Brokerag □ Other_	arket	3/10/2017	\$1.96
	you now have, or did you have within 1 h, or other valuables?	year before you filed		any safe	deposit box or other depo	ository for securities,
	No					
	Yes. Fill in the details.					
	ume of Financial Institution Idress (Number, Street, City, State and ZIP Code)	Who else had Address (Num	l access to it? ber, Street, City,	Descr	ibe the contents	Do you still have it?

Debtor 1 Richard D. Territo
Debtor 2 Cheryl J. Territo

Case number (if known)

	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
	Valley National Bank Holmdel, NJ 07733	Debtors	documents only; no items of intrinsic value	□ No ■ Yes
22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy	?
	□ No			
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
	Satellite Storage 915 Highway 35 Middletown, NJ 07748	Debtors	couch, loveseat	□ No ■ Yes
Par	t 9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust
	□ No			
	Yes. Fill in the details.			
	Owner's Name	Where is the property?	Describe the property	Value
	Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	value
	Wife's brother 202 Mill Rd Staten Island, NY	202 Mill Rd Staten Island, NY	Co-Debtor (and her four siblings) were added to her brother's real property for estate administration purposes only.	Unknown
Par	t 10: Give Details About Environmental Informa	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, ground	- •	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occurred.	
·	Has any governmental unit notified you that you		•	ental law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice

			Case number (if known)	
25.	Have you notified any governmental unit or	f any release of hazardous material?		
	■ No			
	☐ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	case number (Ir brown) till in the details. te umber, Street, City, State and ZIP Code) Governmental unit of any release of hazardous material? Ill in the details. te Address (Number, Street, City, State and ZIP Code) Been a party in any judicial or administrative proceeding under any environmental law? Include settlements and ZIP Code) Court or agency Name Address (Number, Street, City, State and ZIP Code) Details About Your Business or Connections to Any Business are before you filed for bankruptcy, did you own a business or have any of the following connections to any business or a limited liability company (LLC) or limited liability partnership (LLP) artner in a partnership officer, director, or managing executive of a corporation one of the above applies. Go to Part 12. beck all that apply above and fill in the details below for each business. Name of accountant or bookkeeper Dates business existed are before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include are before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include are before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include are before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include are before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include are before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include are before you filed for bankruptcy, did you give a financial property, or obtaining money or property by fraud you gove a financial statement to anyone about your business? Include to the file of t	Date of notice	
25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or ha		s and orders.		
	_			
		Name Address (Number, Street, City,	Nature of the case	Status of the case
Par	rt 11: Give Details About Your Business or	Connections to Any Business		
27.	Within 4 years before you filed for bankrup	otcy, did you own a business or have any	of the following connections to a	ny business?
	☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability com	pany (LLC) or limited liability partnership	(LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing e	xecutive of a corporation		
	☐ An owner of at least 5% of the voti	ng or equity securities of a corporation		
	No. None of the above applies. Go to	Part 12.		
	Yes. Check all that apply above and fi	II in the details below for each business.		
	Business Name		Employer Identification numb	
		Name of accountant or bookkeeper		y number or ITIN.
28.	Within 2 years before you filed for bankrup	otcy, did you give a financial statement to	anyone about your business? Inc	clude all financial
	institutions, creditors, or other parties.			
	No			
	☐ Yes. Fill in the details below.			
		Date Issued		
Par	rt 12: Sign Below			
are t	true and correct. I understand that making a n a bankruptcy case can result in fines up to	a false statement, concealing property, o	r obtaining money or property by	
/s/	Richard D. Territo	/s/ Cheryl J. Territo		
_		•		
Dat	te <u>May 15, 2017</u>	DateMay 15, 2017		
_ `	•	ent of Financial Affairs for Individuals Fi	ling for Bankruptcy (Official Form	107)?
■ N □ Y	•			
Did∶ ■ N		ot an attorney to help you fill out bankrup	otcy forms?	
•		uptcy Petition Preparer's Notice, Declaration	n, and Signature (Official Form 119).	
				page

Debtor 1 Richard D. Territo
Cheryl J. Territo

Case number (if known)

Fill in this inforr	Fill in this information to identify your case:				
Debtor 1	Richard D. Territo				
Debtor 2 (Spouse, if filing)	Cheryl J. Territo				
United States E	Bankruptcy Court for the: District of New Jersey				
Case number (if known)					

Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:							
1. Disposable income is not determined11 U.S.C. § 1325(b)(3).							
2. Disposable income U.S.C. § 1325(b)(3)	is determined under 11).						
☐ 3. The commitment pe	eriod is 3 years.						
4. The commitment pe	eriod is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one	only.							
	□ Not married. Fill out Column A, lines 2-11.								
	■ Married. Fill out both Columns A and B, lines 2-11								
10 th	Il in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tot bouses own the same rental property, put the income from that	month peri al by 6. Fill	od would in the re	l be March 1 throusult. Do not includ	ugh Aug de any	gust 31. If the amoint m	ount of y ore than	our monthly incom once. For examp	e varied during e, if both
					Colui Debt		Debt	mn B or 2 or filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and cor	mmissio	ons (before all	\$	5,462.92	\$	8,099.92	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	le paymer	nts from	a spouse if	\$	0.00	\$	0.00	
4.	All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	rt. Include old, your d spouse or	e regulai lepende	contributions nts, parents,	\$	0.00	\$	0.00	
5.	Net income from operating a business, profession, or farm	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here ->	\$	0.00	\$	0.00	
6.	Net income from rental and other real property	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	- \$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00	

Debtor 1 Debtor 2 Richard D. Territo Cheryl J. Territo

Cheryl J. Territo

Case number (if known)

7. Interest, dividends, and royalties 8. Unemployment compensation 10. Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 10. For your spouse 10. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefit scheder the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefit scheder sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received us a victim of a war crime, a crime spaints humanity, or international or specific social					Column A Debtor 1		Column B Debtor 2 o	or	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you	7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
the Social Security Act. Instead, list it here: For you For your spouse \$ 0.00 For your spouse \$ 0.00 For your spouse \$ 0.00 Social Security Act. In Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$ 13,562.84 Total average monthly income from line 11. You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's stall ballity or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. \$ 3.0.00 Total	8.	Unemployment compensation			\$	0.00	\$	0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the maritial adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. \$ 0.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> \$ 13,562.84 Multiply line 15a by 12 (the number of months in a year).			eived was a benef	t under					
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the maritial adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. \$ 0.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> \$ 13,562.84 Multiply line 15a by 12 (the number of months in a year).		For you \$	0.0	00					
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each column. Then add the total for Column A to the total for Column B. \$ 5,462.92		Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$ 13,562.84 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$	11.			\$	5,462.92	+	8,099.92	= \$_	13,562.84
13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ Total Total \$ 0.00 Copy here=> 0.00 \$ 13,562.84 Multiply line 15a by 12 (the number of months in a year). \$ x 12	Part	2: Determine How to Measure Your Deductions from	n Income						
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Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$		_							
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14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12				+\$					
15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12		Total		\$	0.0	0 co	ppy here=>		0.00
15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12	14.	Your current monthly income. Subtract line 13 from line	12.					\$	13,562.84
Multiply line 15a by 12 (the number of months in a year).	15.		ollow these steps:						42 ECO 04
0 452.754.00		15a. Copy line 14 here=>						\$	13,562.84
15b. The result is your current monthly income for the year for this part of the form		Multiply line 15a by 12 (the number of months in a y	ear).					Х	12
		15b. The result is your current monthly income for the year	ar for this part of th	e form.				\$1	62,754.08

Debtor 1 Richard D. Territo Cheryl J. Territo

Case number (if known)

16	6. Calculate the median family income that applies to yo	u. Follow these steps:		
	16a. Fill in the state in which you live.	NJ		
	16b. Fill in the number of people in your household.	3		
	16c. Fill in the median family income for your state and si To find a list of applicable median income amounts,	go online using the link specified in th	ne separate	\$93,656.00
17	instructions for this form. This list may also be availa 7. How do the lines compare?	ble at the bankruptcy clerk's office.		
17	17a. ☐ Line 15b is less than or equal to line 16c. On	the ten of page 1 of this form, shock	hov 1. Disposable income i	s not dotormined under
	11 U.S.C. § 1325(b)(3). Go to Part 3. Do NC			
	17b. Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcularyour current monthly income from line 14 about 14 about 14 about 15 about 16 about 17 about 17 about 17 about 18	ation of Your Disposable Income (C		
Par	t 3: Calculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 11		\$	13,562.84
19.	Deduct the marital adjustment if it applies. If you are no contend that calculating the commitment period under 11 spouse's income, copy the amount from line 13.	U.S.C. § 1325(b)(4) allows you to ded	duct part of your	0.00
	19a. If the marital adjustment does not apply, fill in 0 on li	ne 19a.	- \$_	0.00
	19b. Subtract line 19a from line 18.			\$13,562.84_
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b			\$13,562.84
	Multiply by 12 (the number of months in a year).			x 12
				o 462.754.00
	20b. The result is your current monthly income for the year	ar for this part of the form		\$ 162,754.08
	20c. Copy the median family income for your state and si	ze of household from line 16c		\$93,656.00_
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, on the top of p	age 1 of this form, check bo	x 3, The commitment
	■ Line 20b is more than or equal to line 20c. Unlead commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, or	the top of page 1 of this for	m, check box 4, The
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that the	e information on this statement and in	any attachments is true and	d correct.
2	(/s/ Richard D. Territo	χ /s/ Cheryl J. Te	rrito	
	Richard D. Territo Signature of Debtor 1	Cheryl J. Territ Signature of Debte		
	· ·	•		
	Date May 15, 2017 MM / DD / YYYY	Date May 15, 20		
	If you checked 17a, do NOT fill out or file Form 122C-2.	. 2- ,		
	If you checked 17b, fill out Form 122C-2 and file it with th	s form. On line 39 of that form, copy	your current monthly income	from line 14 above.

Fill in this	information to identify your case:		
Debtor 1	Richard D. Territo		
Debtor 2 (Spouse, if	Cheryl J. Territo		
United Stat	es Bankruptcy Court for the: _District of New Jersey		
Case numb	er	☐ Check if this is an amende	ed filing
Official For Chapte	er 13 Calculation of Your Disposable Income		04/1
	nis form, you will need your completed copy of Chapter 13 Statement of Your Curr	ent Monthly Income and Calculat	tion of
Part 1: The Inte the questinformate Deduct to expense 122C-1,	elete and accurate as possible. If two married people are filing together, both are eleded, attach a separate sheet to this form, Include the line number to which additinages, write your name and case number (if known). Calculate Your Deductions from Your Income The real Revenue Service (IRS) issues National and Local Standards for certain expensions in lines 6-15. To find the IRS standards, go online using the link specified in ion may also be available at the bankruptcy clerk's office. The expense amounts set out in lines 6-15 regardless of your actual expense. In later parts if they are higher than the standards. Do not include any operating expenses that you shand do not deduct any amounts that you subtracted from your spouse's income in line 1 spenses differ from month to month, enter the average expense.	se amounts. Use these amounts the separate instructions for this is of the form, you will use some of subtracted from income in lines 5 and	to answer the s form. This
Note: Lin	e numbers 1-4 are not used in this form. These numbers apply to information required b	y a similar form used in chapter 7 c	ases.
Fill plus	number of people used in determining your deductions from income in the number of people who could be claimed as exemptions on your federal income tax the number of any additional dependents whom you support. This number may be different number of people in your household.		
National	Standards You must use the IRS National Standards to answer the questions	in lines 6-7.	
	nd, clothing, and other items: Using the number of people you entered in line 5 and the indards, fill in the dollar amount for food, clothing, and other items.	e IRS National \$	1,378.00

Official Form 22C-2

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are

higher than this IRS amount, you may deduct the additional amount on line 22.

Case number (if known)

People	who are under 65 years of age				
7a	. Out-of-pocket health care allowance per person	\$ 49			
7b	. Number of people who are under 65	X3_			
7c.	Subtotal. Multiply line 7a by line 7b.	\$ 147.00	Copy here=>	\$147.00	
People	who are 65 years of age or older				
7d	. Out-of-pocket health care allowance per person	\$ 117			
7e	. Number of people who are 65 or older	X 0			
7 f.	Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=>	\$0.00	
7g	. Total. Add line 7c and line 7f	\$	147.00	Copy total here=>	\$147.00
separat 8. Ho	wer the questions in lines 8-9, use the U.S. Trustee instructions for this form. This chart may also be using and utilities - Insurance and operating expensions are used to delice amount listed for your county for insurance and operating expensions.	e available at the bankruenses: Using the number of	ıptcy clerk's offic	e.	specified in the
	the dollar amount listed for your county for insurance	and operating expenses.		\$_	001.00
	 busing and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, fill listed for your county for mortgage or rent expenses 			\$	
9b	. Total average monthly payment for all mortgages a	nd other debts secured by	your home.		
	To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.				
	Name of the creditor	Average monthly payment			
	-NONE-	\$			
	9b. Total average monthly paymen	s.t \$ 0.00	Copy here=> -\$	0.00	Repeat this amount on line 33a.

Explain why:

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

2,304.00

0.00

Сору

here=>

2,304.00

0.00

0.00

0.00

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

not claim more than the IRS Local Standard for Public Transportation.

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

Public Transportation expense allowance regardless of whether you use public transportation.

Copy net Vehicle 2

0.00

expense here

Case number	r (if known
-------------	-------------

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, seal-employment taxes, social security taxes, and Mediciars taxes. You may include the monthly amount withheld from your pay for those taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and substract that number from the total monthly payrell deductions. The total monthly payrell deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 18. Life insurance: The total monthly person that you pay for your own term the insurance. If two married people are filting appeals, include premiums that you may for your own term the insurance. If two married people are filting appeals, include premiums that you may for your own term the insurance. If two married people are filting appeals, include premiums that you may for your own term the insurance. If two married people are filting appeals, include premiums that you may for your own term the insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of the insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as apousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, deycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount	Oth	er Necess		n addition to the expense the following IRS categories		s listed above,	you are allowed your monthly expenses	for	
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together include payments that you make for your sources term life insurance. Do not include premiums for life insurance or your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spouses for child support payments. Do not include payments on past due obligations for spoused or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or past due obligations for spoused obligations. The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for the abit and welfates of you or your dependents and that is not reimbursed by prisurance or paid by a health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the externic, to the externic, to the school payments for b	16.	self-empl your pay and subti	oyment taxes, social for these taxes. Ho ract that number fro	al security taxes, and Med wever, if you expect to rec m the total monthly amour	care taxes eive a tax	. You may inc refund, you m	lude the monthly amount withheld from ust divide the expected refund by 12	\$	3,797.36
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 8. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 0.00 Education. The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 10.00 10.00 11. Childcare: The total monthly amount that you pay for childcare, such as bebysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare or you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts hard that is more than the total entered in line 7. 13. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, called indiffication, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, lif it is not reimbursed by your employer. 15. Do not include payments for basic home telephone, internet and cell phone service. Do not	17.				ductions th	at your job red	quires, such as retirement		
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance or the life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance, and health savings account that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Court of your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependents and that is not reimbursed by nour advances. Council or the elementary or secondary services and that is not reimbursed by nour employer. Council or health insurance, disability insurance, and health savings account expenses. The monthly expenses f					ob, such as	s voluntary 40	1(k) contributions or payroll savings.	\$	141.70
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. De advacation: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or health savings accounts should be listed only in line 26. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waining, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances allowances, classifity insurance, and health savings account expenses. The mon	18.	filing toge Do not in	ether, include paymeclude premiums for	ents that you make for you life insurance on your dep	ır spouse's	term life insu	rance.	\$	2.39
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23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add ilines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 92.17 Disability insurance \$ 92.17 Do you actually spend this total amount? No. How much do you actually spend? Pees Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § \$29A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	that is red by a heal	quired for the health th savings account.	and welfare of you or you Include only the amount t	r depende hat is more	nts and that is than the tota	not reimbursed by insurance or paid Il entered in line 7.	¢	0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 4. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 92.17 Disability insurance \$ 92.17 Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	00	•		· ·		•		Ψ	0.00
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Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 92.17 Copy total here=> \$ 92.17 Do you actually spend this total amount? No. How much do you actually spend? Yes \$	25.	insurance	e, disability insurand	y insurance, and health s	savings ac	count expen	ses. The monthly expenses for health	r	
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No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total			\$	92.17	Copy total here=>	\$	92.17
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safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue your hous	to pay for the reaso sehold or member o	nable and necessary care of your immediate family w	and suppo ho is unab	ort of an elder le to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
0.00	27.								
		•		·			and the same state of the same	\$	0.00

ebtor 1 ebtor 2	Cheryl J. Territo	Case number (if	known)			
	Additional home energy costs. Your homine 8.	ne energy costs are included in your insurance and oper	rating expens	es on		
	f you believe that you have home energy c B, then fill in the excess amount of home er	costs that are more than the home energy costs included nergy costs	d in expenses	on line		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that ary.	the additional		\$	0.0
\$		dren who are younger than 18. The monthly expenses ependent children who are younger than 18 years old to				
	ou must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain whot already accounted for in lines 6-23.	ny the amount	t		
*	Subject to adjustment on 4/01/19, and ever	ery 3 years after that for cases begun on or after the date	te of adjustme	ent.	\$	0.0
h		The monthly amount by which your actual food and cloth gallowances in the IRS National Standards. That amourns in the IRS National Standards.				
		tional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	e separate			
Y	You must show that the additional amount of	claimed is reasonable and necessary.			\$	0.0
	Continuing charitable contributions. The nstruments to a religious or charitable orga	e amount that you will continue to contribute in the form anization. 11 U.S.C. § 548(d)(3) and (4).	of cash or fina	ancial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	80.00
	Add all of the additional expense deduct	tions.			\$	172.17
Α	Add lines 25 through 31.					
	ctions for Debt Payment					
Deduc	ctions for Debt Payment or debts that are secured by an interest	in property that you own, including home mortgage	es, vehicle			
33. Fo	ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines	s 33a through 33e. nent, add all amounts that are contractually due to each	·			
33. Fo	ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paym	s 33a through 33e. nent, add all amounts that are contractually due to each	·		Average payment	
33. Fo	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	secured	=>	Average payment \$	
33. For	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba	s 33a through 33e. nent, add all amounts that are contractually due to each	secured	=>		
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Deduce 33. For loa To cre 33a.	or debts that are secured by an interest ans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	secured	=>		0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	s 33a through 33e. nent, add all amounts that are contractually due to each ankruptcy. Then divide by 60.	secured	=>	\$\$	0.00
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33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here List other secured debts:	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude tax or insurance	=> => nent	\$\$	0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude tax or insurance No Yes	=> => nent	\$ \$ \$	0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude tax or insurance No Yes	=> => nent	\$ \$ \$	0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude tax or insurance No Yes	=> => nent	\$ \$ \$	0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude tax or insurance No Yes	=> => nent	payment \$ \$ \$ \$ \$ \$	0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude taxor insurance No Yes No Yes	=> => nent	payment \$ \$ \$ \$ \$ \$	0.00
33. For los 100 and 10	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	s 33a through 33e. nent, add all amounts that are contractually due to each inkruptcy. Then divide by 60.	Does payminclude tax or insurance No Yes No Yes	=> => nent tes ce?	payment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00
33. For local states of the st	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: of each creditor for other secured debt	as 33a through 33e. Inent, add all amounts that are contractually due to each inkruptcy. Then divide by 60. Identify property that secures the debt	Does payminclude tax or insurance No Yes No Yes	=> => nent tes ce?	payment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00

Richard D. Territo Debtor 1 Cheryl J. Territo Case number (if known) Debtor 2 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = $$ Copy total 0.00 Total \$ 0.00 here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 545.49 32,729.00 ÷60 \$ 36. Projected monthly Chapter 13 plan payment 800.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 10.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 80.00 80.00 Average monthly administrative expense here=> 625.49 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 9,179.45 expense allowances Copy line 32, All of the additional expense deductions 172.17 Copy line 37, All of the deductions for debt payment +\$ 625.49 9,977.11 9,977.11 Total deductions..... Copy total here=>

Richard D. Territo Debtor 1 Cheryl J. Territo Debtor 2 Case number (if known) Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 13,562.84 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 494.23 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 9.977.11 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense 0.00 0.00 Total \$ here=>\$ Copy 44. **Total adjustments.** Add lines 40 through 43. 10.471.34 here=> -\$ 10,471.34 3,091.50 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Increase or Reason for change Date of change Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase

☐ 122C-2

□ 122C-1

☐ 122C-2

☐ Decrease

☐ Increase

☐ Decrease

Debtor 1 Debtor 2	Cheryl J. Territo	Case number (if known)
Part 4:	Sign Below	
ı	By signing here, under penalty of perjury you declare that the inform	nation on this statement and in any attachments is true and correct.
X	/s/ Richard D. Territo Richard D. Territo Signature of Debtor 1	X /s/ Cheryl J. Territo Cheryl J. Territo Signature of Debtor 2
Date	May 15, 2017 MM / DD / YYYY	Date May 15, 2017 MM / DD / YYYY

Richard D. Territo

Debtor 1 Richard D. Territo Cheryl J. Territo

Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2016 to 04/30/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Verizon** Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$45,328.85** from check dated **10/28/2016**. Ending Year-to-Date Income: **\$55,967.75** from check dated **12/30/2016**.

This Year:

Current Year-to-Date Income: \$22,138.59 from check dated 4/28/2017 .

Income for six-month period (Current+(Ending-Starting)): \$32,777.49.

Average Monthly Income: \$5,462.92.

Debtor 1 Richard D. Territo
Cheryl J. Territo

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 11/01/2016 to 04/30/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Handel's Distribution

Income by Month:

6 Months Ago:	11/2016	\$0.00
5 Months Ago:	12/2016	\$413.34
4 Months Ago:	01/2017	\$590.76
3 Months Ago:	02/2017	\$590.58
2 Months Ago:	03/2017	\$697.38
Last Month:	04/2017	\$388.05
	Average per month:	\$446.69

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Publishers Circulation

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$12,154.84 from check dated 10/31/2016 .

Ending Year-to-Date Income: \$15,826.78 from check dated 12/30/2016 .

This Year:

Current Year-to-Date Income: \$6,793.50 from check dated 4/21/2017 .

Income for six-month period (Current+(Ending-Starting)): \$10,465.44.

Average Monthly Income: \$1,744.24.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **USPS** Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$51,499.59 from check dated 10/21/2016. Ending Year-to-Date Income: \$63,684.82 from check dated 12/30/2016.

This Year:

Current Year-to-Date Income: \$23,268.68 from check dated 4/21/2017.

Income for six-month period (Current+(Ending-Starting)): \$35,453.91.

Average Monthly Income: _\$5,908.99_.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of New Jersey

		District of New Sersey		
In re	Richard D. Territo Cheryl J. Territo		Case No.	
111 10	Cheryro. Territo	Debtor(s)	Chapter	13
	DIGGLOGUE OF COME			EDTOD (C)
	DISCLOSURE OF COMP	ENSATION OF ATTO	RNEY FOR DE	EBTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the few rendered on behalf of the debtor(s) in contemplation	filing of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	3,500.00
	Prior to the filing of this statement I have receive	ed	\$	1,250.00
	Balance Due			2,250.00
2. ′	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	I have not agreed to share the above-disclosed co	empensation with any other persor	unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the			
5.	In return for the above-disclosed fee, I have agreed to	o render legal service for all aspec	ets of the bankruptcy of	ease, including:
1	Analysis of the debtor's financial situation, and rePreparation and filing of any petition, schedules, sRepresentation of the debtor at the meeting of cred.[Other provisions as needed]	statement of affairs and plan which	h may be required;	
5.]	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. Pro Creditors proceedings.	dischargeability actions, jud	icial lien avoidanc	es, relief from stay actions or ents and any post-Meeting of
		CERTIFICATION		
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement fo	r payment to me for r	epresentation of the debtor(s) in
M	ay 15, 2017	/s/ Warren Brum	el, Esq.	
Date		Warren Brumel,	•	
		Signature of Attorn Warren Brumel	ey	
		65 Main Street		
		PO Box 181		
		Keyport, NJ 0773 732-264-3400 Fa		
		wbrumel@keypo		
		Name of law firm		

United States Bankruptcy Court District of New Jersey

In re	Richard D. Territo Cheryl J. Territo		Case No.	
		Debtor(s)	Chapter	13
The ab		IFICATION OF CREDITOR that the attached list of creditors is true and co		of their knowledge.
Date:	May 15, 2017	/s/ Richard D. Territo Richard D. Territo Signature of Debtor		
Date:	May 15, 2017	/s/ Cheryl J. Territo Cheryl J. Territo Signature of Debtor		

Ally Financial Att: Bankruptcy Dept PO Box 380901 Bloomington, MN 55438

American Eagle Synchrony Bank Att: Selip & Stylianou LLP 10 Forest Avenue Suite 300 Paramus, NJ 07652

American Express PO Box 297884 Fort Lauderdale, FL 33329-7884

Ann Taylor/Comenity Bank Att: Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125

Atlantic City Electric PO Box 13610 Philadelphia, PA 19101

AWL 2128 N. 14th Street #130 Ponca City, OK 74601

Bank of America PO Box 982235 El Paso, TX 79998

Bank of America PO Box 982238 El Paso, TX 79998-2238

Best Buy PO Box 790441 Saint Louis, MO 63179

Best Egg/Systems & Services Technologies PO Box 3999 Saint Joseph, MO 64503-0999 Boscov's Retail Services Box 15521 Wilmington, DE 19850-5521

Cash Advance Now PO Box 569 Hays, MT 59527

Cash Fairy Clearwater Lending PO Box 320 Hays, MT 59527

Center for Oral Surgery Att: Shore Recovery Service PO Box 818 Jackson, NJ 08527-0818

Chase PO Box 15298 Att: Bankruptcy Dept Wilmington, DE 19850-5298

Credit One Bank PO Box 98873 Las Vegas, NV 89193

Green Trust Cash PO Box 340 Hays, MT 59527

Holmdel Dental Group 999 Palmer Avenue Holmdel, NJ 07733

Home Depot PO Box 790328 Saint Louis, MO 63179

Integrated Medicine Alliance PO Box 8519 Red Bank, NJ 07701-8519

Internal Revenue Service Insolvency Unit PO Box 744 Springfield, NJ 07081

Internal Revenue Service Cincinnati, OH 45999-0025

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

Jersey Cen Pwr Light Bkcy Dept 331 Newman Springs Rd Bldg 3 Red Bank, NJ 07701

Kohl's PO Box 3043 Milwaukee, WI 53201-3043

Labrea Dean
NJ Div of Taxation
TGI Def Vendor Group H
PO Box 1018
Moorestown, NJ 08057-1018

LendGreen PO Box 221 Lac Du Flambeau, WI 54538

Lions Loans PO Box 1547 Sandy, UT 84091

Love Loft/Comenity Bank Att: Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125

Macy's Att: Bankruptcy Dept. PO Box 8053 Mason, OH 45040 Medical Adv Endodontic Associates 1398 State Route 35 Ocean, NJ 07712

Middletown Townhouse Assoc 145 Cherry Tree Farm Rd Middletown, NJ 07748

Monmouth County Postal Employee CU PO Box 518 Red Bank, NJ 07701

My Loan Site PO Box 188 Fort Thompson, SD 57339

New Jersey E-ZPass Att: RMCB 4 Westchester Plaza Suite 110 Elmsford, NY 10523

New Jersey Turnpike Authority Att: NJ E-Z Pass Violations Processing Center PO Box 4971 Trenton, NJ 08650

New York State Dept of Tax & Finance PO Box 5300 Att: Bankruptcy Section Albany, NY 12205-0300

NJ Natural Gas 1415 Wyckoff Road PO Box 1464 Belmar, NJ 07715-0001

NJ Turnpike Authority NJ EZ Pass Trenton, NJ 08650

Orthopedic Sports Medicine 80 Oak Hill Road Red Bank, NJ 07701 PayPal Credit PO Box 5138 Timonium, MD 21094

Pioneer Credit Recovery Box 1009 Moorestown, NJ 08057-0909

Quest Diagnostics Inc. Att: AMCA 4 Westchester Plaza Suite 110 Elmsford, NY 10523

Remex, Inc. 307 Wall Street Princeton, NJ 08540

Retrieval-Masters Creditors Bureau 4 Westchester Plaza Suite 110 Elmsford, NY 10523

Sallie Mae PO Box 3319 Wilmington, DE 19804

Satellite Storage 915 Highway 35 Middletown, NJ 07748

Sears Credit Cards PO Box 6283 Sioux Falls, SD 57117-6283

Sears Mastercard PO Box 6282 Sioux Falls, SD 57117-6282

Seterus PO Box 1077 Hartford, CT 06143-1077 Shapiro & DeNardo LLC 14000 Commerce Pkwy Ste B Mount Laurel, NJ 08054

State of NJ Div of Tax 50 Barrack St 9th Fl Att: Compliance & Enforcement - Bkcy PO Box 245 Trenton, NJ 08695-0267

Stress Care of NJ 4122 Route 516 Suite C and D Matawan, NJ 07747-7031

Target
3901 West 53rd Street
Sioux Falls, SD 57106-4216

Target Finance LLC PO Box 581 Hays, MT 59527

TD Bank USA/Target PO Box 673 Minneapolis, MN 55440

TD Bank Visa Signature PO Box 84037 Columbus, GA 31908-4037

TD Visa PO Box 84037 Columbus, GA 31908

Terminex 1750 Brielle Avenue Unit 2A Ocean, NJ 07712

Thomas W. Hartmann, Esq. 56 Ellisen Rd Watchung, NJ 07069

Township of Little Egg Harbor 665 Radio Rd Tuckerton, NJ 08087

Township of Middletown Tax Collector 1 Kings Highway Middletown, NJ 07748

Township of Middletown Sewerage Authority PO Box 281 Middletown, NJ 07748

VBS Fox Hills PO Box 196 Batesland, SD 57716

Wells Fargo Card Services PO Box 10347 Des Moines, IA 50306-0347

Wells Fargo Home Mortgage Att: Bankruptcy PO Box 10335 Des Moines, IA 50306

Zoca Loans PO Box 1147 Mission, SD 57555